

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>7/29/05</u>		2 Serial/Patent # <u>10/523026</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing			\$ 50.00
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
Done		7 TOTAL AMOUNT OF REFUND	\$ 50.00
8 TO BE REFUNDED BY:			
10 REASON:		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <u>25--0120</u>	
<input checked="" type="checkbox"/> Overpayment			
<input type="checkbox"/> Duplicate Payment			
11 REFUND REQUESTED BY:		TYPED/PRINTED NAME: <u>Darrell Cottman</u> TITLE: <u>Paralegal</u> SIGNATURE: <u>Darrell Cottman</u> PHONE: <u>703-308-9140 ext 203</u> OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____	

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**